

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/18/02.

## **I. DISPUTE**

This dispute is whether there should be additional reimbursement for the Chronic Pain Management (CPT code 97799 CP AP) completed from dates of service 6/21/01 through 10/1/01. The respondent reduced reimbursement as “M” and “F”, defined as: “The charge for this procedure exceeds the fee schedule or usual and customary values as established by INGENIX.”

## **II. RATIONALE**

- CPT code 97799 CP AP is evaluated by documentation of procedure (DOP) and reimbursed by a fair and reasonable amount per hour.
- The requestor’s position “is that the fees paid for these services by the carrier were not fair and reasonable.” The requestor attached the following: examples of what other insurance companies have reimbursed them for this same CPT code, a study conducted in 2001 that surveyed what insurance companies were paying for this CPT code, noting “...\$175 was paid by more companies...”, and recent Decisions by TWCC. The requestor’s assertion that its fees are fair and reasonable and have been upheld in a recent SOAH Decision...413.100(b) of the Act and 28 TAC §133.1(8) and 133.305(e)(1)(F).”
- The respondent’s position indicates, “\_\_\_ reimburses these services at a fair and reasonable rate of \$125.00 per hour for an accredited provider and \$100.00 for a non-CARF accredited facility...” The insurance carrier responded to the provider’s four points of argument for their position and summarized with “...documentation submitted does not always agree with units of chronic pain treatment billed for the individual dates of service...TWCC Rule 133.304(1-4)...Rule 133.305(f)...Rule 133.1(A-C)...413.011(1).”
- According to the EOB’s presented for review, DOS 10/8/01 through 10/12/01 were paid at the full amount of \$1,400.00 per day by this insurance carrier. (These DOS are not being disputed by requestor or respondent.)
- According to TWCC Rules 133.1 (8), 133.305 (e) and Section 413.011(b), the requestor submitted redacted copies of EOB’s for same or similar treatment to substantiate their fair and reasonable charges. The requestor is a CARF accredited facility, therefore for dates of service 6/21/01 through 10/1/01, additional reimbursement is recommended in the amount of \$13,700.00 (\$175.00 per hour x 274 hours (33 days at 8 hours per day plus 1 day at 6 hours plus 1 day at 4 hours) minus \$34,250.00 (amount paid by carrier).

## II. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97799 in the amount of **\$13,700.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$13,700.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 7<sup>th</sup> day of November 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

David R. Martinez, Manager  
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DRM/crl.